

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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TO: Hospital-based and other Health Care Providers

FROM: Nathalie Bera, MD, MPH, Deputy Public Health Officer

RE: Avian Influenza Update, Interim Recommendations re: U.S. Poultry Outbreaks

Dear Hospital-Based and other Health Care Providers:

We are writing to provide an update on avian influenza enhanced surveillance. Outbreaks in poultry have been confirmed to be caused by H5N1 avian influenza in the following countries - Cambodia, China, Indonesia, Japan, Korea, Laos, Thailand, and Vietnam. Hong Kong has confirmed one case in a Peregrine Falcon. Also different subtypes have been reported in poultry in Pakistan (H7) and Taipei China (H5N2). To date, there have been 32 human cases of confirmed H5N1 avian influenza in Asia: 9 in Thailand, including 7 deaths, and 23 in Vietnam, including 15 deaths. Regular updates can be obtained at the CDC and WHO websites www.cdc.gov and www.who.int/csr/disease/avian_influenza/en/.

In the United States, a highly pathogenic form (i.e. highly contagious between and fatal to poultry) of avian influenza (H5N2) has been found in southern Texas poultry. This virus form has never been found in humans, and the health risk to humans from the H5N2 influenza outbreak in Texas is considered low at this time. A milder form of avian influenza (H7N2) has been reported in poultry at two farms in the state of Delaware. There have been no human cases reported in the U.S., however several suspect cases have been investigated in California.

Surveillance: As part of enhanced surveillance for avian influenza in the U.S, the following patients should be considered for avian influenza evaluation:

- **Patients hospitalized for influenza or unexplained severe respiratory illness, ARDS or pneumonia for which an alternative diagnosis has not been established AND a history of travel to Asia within 10 days before onset of symptoms**
- **Hospitalized or ambulatory patients with documented temperature of $>38^{\circ}\text{C}$; AND one or more respiratory symptoms (i.e. cough, sore throat, SOB); AND history of contact with domestic poultry; OR history of contact with known or suspected human case of avian flu in an H5N1 affected country within 10 days of symptom onset**
- **Patients with respiratory illness who have been exposed to infected U.S. poultry (see CDC "Interim Recommendations for Persons with Possible Exposure to Avian Influenza During Outbreaks Among Poultry in the U.S." on our website)**

Laboratory testing: Respiratory specimens (e.g. NP swab or aspirate) should be obtained ideally within five days of symptom onset since viral shedding may decrease significantly after the first few days of illness. Before sending specimens to the State's Viral and Rickettsial Disease Laboratory for PCR and possible viral isolation and typing, **the Marin County Communicable Disease Unit must be notified first.** Viral culture should NOT be attempted in these cases by hospital or private laboratories as viral isolation requires a BSL-III plus laboratory. Updated Avian Influenza Specimen Collection Instructions and Forms are posted on our website at www.co.marin.ca.us under "Flu Information" and under the "Information for Clinicians" section. For lab questions, the Marin County Public Health Lab staff may be reached at: (415) 499-6849.

Reporting: Report suspected avian influenza cases to Marin County Communicable Disease as soon as possible: (415) 499-7805 (Monday – Friday 8:30am-5pm). If you need to reach a Health Officer after hours call County Communication Center (415) 499-7237, -7235, or -7238.

Please also forward this to any and all colleagues who may see such patients. If you have any questions please feel free to contact us. Thank you very much for working with us on this enhanced surveillance.

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